

06/20/03

16519 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: A-71608/TAL/DHR

"EXPRESS MAIL" MAILING LABEL

Attorney File No.: 465174-00460

NUMBER ET 219907075 USDATE OF DEPOSIT June 20, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service "EXPRESS MAIL, POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

TYPED NAME Todd A. LorenzSIGNED *Todd A. Lorenz*

Sir:

Transmitted herewith for filing is the patent application of inventor(s):

James P. ALLISON, Kenneth P. MURPHY, Norihiko WATANABE, Theresa L. MURPHY,
Jianfei YANG, and Xingxing ZANG

For:

COMPOSITIONS AND METHODS FOR MODULATING LYMPHOCYTE ACTIVITY

Enclosed are also:

- ☒ 85 sheets of Specification, Abstract and Claims
☒ 35 sheets of drawings. Formal ☐, Informal ☒
☐ Combined Declaration and Power of Attorney for Patent Application
☐ Declaration for Patent Application
☐ An Assignment of the invention to: _____
☐ Power of Attorney by Assignee
☐ Information Disclosure Statement, PTO 1449 & _____ references
☒ Applicant claims small entity status. See 37 CFR 1.27.
☐ Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i)
☒ This application claims priority under 35 U.S.C. §§ 119/120 to U.S. Provisional Patent Application Serial No. 60/390,653, filed June 20, 2002; and also to U.S. Provisional Patent Application Serial No. 60/438,593, filed January 6, 2003; the disclosures of which are expressly incorporated by reference herein.

	(Col. 1) NO. FILED		(Col. 2) NO. EXTRA		SMALL ENTITY RATE FEE		OTHER THAN SMALL ENTITY RATE FEE	
BASIC FEE						375		750
TOTAL CLAIMS	-	20	=		x 9 =	\$	x 18 =	\$
INDEP CLAIMS	-	3	=		x 42 =	\$	x 84 =	\$
MULTIPLE DEPENDENT CLAIM PRESENTED []					+140 =	\$	+280 =	\$
If the difference in Col 1 is less than zero, enter "0" in Col. 2					TOTAL	\$	TOTAL	\$

- ☐ Our check in the amount of \$_____ to cover the filing fee is enclosed.
☒ NO check is enclosed
☐ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 50-2319 (our Order No. A-71608/TAL/DHR - 465174-00460).

Date: 6/20/03

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